

**DEPARTMENT FOR PUBLIC HEALTH
REQUEST FOR APPROVAL**

1. Type of Document: Grant

2. Justification KDPH's application for CDC Strengthening Public Health Infrastructure for Improved Health Outcomes - see attached Executive Summary for more detail.

KY 2010 08061376

3. Source of Funds

Agency
Funds

General
Funds

Federal
Funds

Other Funding (Explain)

4. Submitted by: Tricia Okeson 8/5/10
(Date)

Document pick-up: Tricia Okeson Ext. 4586

Branch Approval:

8/5/10
(Date)

Jack Phipps

5. Division Approval:

(Date)

Division contact for
corrections / questions:

Ext.

6. Budget Review - If applicable to request. (Required for all Contracts and Modifications)

State Budget

8/5/10
(Date)

Jack Phipps

LHD Budget*

(*LHD Contract or MOD Only)

(Date)

7. **Contract or Modification Only. Submit to Contracts and Payments Branch.**

Steps 1-5 must be complete; submit only original signatures

Program staff may wish to scan or copy documentation before submitting

Requests will be logged into tracking tool

Contracts and Payments staff will submit to Commissioner's Office for approval.

8. Commissioner's Office
Department Approval:

8/5/10
(Date)

10/2/10

Executive Summary of Cabinet for Health and Family Services' Grant Application

Cabinet for Health and Family Services, Department/Division as the Applicant:

Department for Public Health, Commissioner's Office

Project Contact: (project manager/branch manager)

Tricia Okeson
564-3970 ext. 4586
Blackberry – 502-330-8565

Title of Grant: (description)

Strengthening Public Health Infrastructure for Improved Health Outcomes
Component I – Graduated Base Funding for Public Health Transformation

Federal Agency/Department Awarding Funding under the Grant:

CENTERS FOR DISEASE CONTROL AND PREVENTION

Federal Identifier Grant No:

Funding Opportunity Number – CDC-RFA-CD10-1011

Catalog of Federal Domestic Assistance:

93.507

Type of Grant Application:

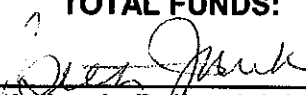
Component I – new, non-competitive
\$200,000 per year for 5 years, award based on state population
** NO MATCHING FUNDS REQUIRED**

Purpose of Grant: (outline of grant activities allowable/required to be addressed in the application):

Component I of this grant focuses on Performance Management that addresses and support workforce and systems development, which is one of the key area listed in the grant guidance. The grant must also lead to positive and measurable impact on the public system.

Amount of the Application Funds:

Federal Funds	\$ 200,000
Applicant Funds	
State Funds	0
Local Funds	0
Other	0
Program Income	0
TOTAL FUNDS:	\$ 200,000


Beth Jurek, Policy Advisor

DPH Budget Analyst

Executive Summary of Cabinet for Health and Family Services' Grant Application

Budget Details (Federal Share):

Personnel	\$ 107,860
Fringe	46,380
Travel	12,068
Equipment	2,000
Supplies/Misc	9,041
Contracts	
Other	
Total Direct	
Total Indirect	22,651
Direct Assistance	
TOTAL FUNDS:	\$ 200,000

Last Status Report/Summary Included: (since the last award)

NA

Narrative Summary (summary document submitted with the grant): (detailed here)

The project will be to establish a Center for Performance Management (CPM) within the KDPH Commissioner's Office. The Center will be responsible for developing a performance improvement system at the state and local levels.

This project will provide leadership and infrastructure for the development and operation of a complete performance management system in the Commonwealth that will create a culture of quality improvement at the KDPH and at Local Health Departments (LHDs). Implementation of the performance improvement system, through which individual programs and operations will be evaluated and improved, will increase the capacity and ability of the state and local health departments to meet national public health standards such as those of the Public Health Accreditation Board (PHAB).

The CPM will be staffed with a full time Performance Improvement Manager who will participate in a national network of performance improvement professionals and coordinate all performance improvement initiatives. A second position will be established for a Performance Improvement Specialist to provide technical assistance and training for local health departments.

The goal is to increase the state and local health departments' capacity to routinely evaluate and improve the effectiveness of their organizations and practices. Measurable indicators over the five year project period will include a) establishment of dedicated staff, b) development of an Assessment, Improvement Plan and Strategic Plan, c) increase in the number of state and local health department staff trained in performance management, and d) implementation of routine monitoring and reporting for organizational performance and health outcomes.

DATE TO THE FEDERAL GRANTING AGENCY: By 5 p.m. August 9, 2010

** We would like to submit by Friday, August 6th to ensure no problems occur while submitting through grants.gov**

Strengthening Public Health Infrastructure for Improved Health Outcomes
Component I Budget - Kentucky Department for Public Health
Opportunity Number: CDC-RFA-CD10-1011

Year 1

Personnel		Salary	Fringe	Total
	Performance Improvement Manager	\$ 56,500	\$ 24,295	\$ 80,795
	Performance Improvement Specialist	\$ 51,360	\$ 22,085	\$ 73,445
	Total	\$ 107,860	\$ 46,380	\$ 154,240
Travel				
Out-of-State				
	2 staff member for 1 required national meeting			
	Airfare (\$365 x 2 people x 1 trips)		\$ 730	
	Hotel (\$150 x 3 nights x 2 people x 1 trip)		\$ 900	
	Per Diem (\$36 per day x 4 days x 2 people x 1 trip)		\$ 288	
	Other (\$75 per trip x 2 people x 1 trip)		\$ 150	
	Total Out-of-State Travel			\$ 2,068
In-state				
	Mileage			
	Hotel (\$120 per night x 1 night x 5 trips)	\$ 600		
	Per diem (\$36 per day x 5 overnight trips)	\$ 180		
	Mileage (Avg 160 miles per trip x .50 per mile x 2 trips x 57 health departments)	\$ 9,120		
	Other (\$20 per overnight trip x 5)	\$ 100		
	Total In-state Travel			\$ 10,000
	Total Travel			\$ 12,068
Equipment				
	2 laptop computers with docking station @ \$1,000 each For Performance Improvement Manager and Specialist	\$ 2,000		\$ 2,000
Misc				
	Operations and Miscellaneous (Supplies, Printing, etc.)			\$ 9,041
Indirect Costs				
	21% of Salary			\$ 22,651
	Total Component I Budget			\$ 200,000

Opportunity Title:	Strengthening Public Health Infrastructure for Improved
Offering Agency:	Centers for Disease Control and Prevention
CFDA Number:	93.507
CFDA Description:	Strengthening Public Health Infrastructure for Improved
Opportunity Number:	CDC-RFA-CD10-1011
Competition ID:	OD-OSTLTS-NR
Opportunity Open Date:	07/08/2010
Opportunity Close Date:	08/09/2010
Agency Contact:	CDC Procurement and Grants Office (PGO) Technical Information Management Section (TIMS) E-mail: pgotim@cdc.gov Phone: 770-488-2700

This electronic grants application is intended to be used to apply for the specific Federal funding opportunity referenced here.

If the Federal funding opportunity listed is not the opportunity for which you want to apply, close this application package by clicking on the "Cancel" button at the top of this screen. You will then need to locate the correct Federal funding opportunity, download its application and then apply.

This opportunity is only open to organizations, applicants who are submitting grant applications on behalf of a company, state, local or tribal government, academia, or other type of organization.

* **Application Filing Name:** Ky Component I - Performance Management

Mandatory Documents

Budget Narrative Attachment Form
Project Narrative Attachment Form

Move Form to
Complete

Move Form to
Delete

Mandatory Documents for Submission

Application for Federal Assistance (SF-424)
Disclosure of Lobbying Activities (SF-LLL)
HHS Checklist Form PHS-5161
Budget Information for Non-Construction Program
Project Abstract Summary

Optional Documents

Move Form to
Submission List

Move Form to
Delete

Optional Documents for Submission

Other Attachments Form

Instructions

- 1 Enter a name for the application in the Application Filing Name field.
 - This application can be completed in its entirety offline; however, you will need to login to the Grants.gov website during the submission process.
 - You can save your application at any time by clicking the "Save" button at the top of your screen.
 - The "Save & Submit" button will not be functional until all required data fields in the application are completed and you clicked on the "Check Package for Errors" button and confirmed all data required data fields are completed.
- 2 Open and complete all of the documents listed in the "Mandatory Documents" box. Complete the SF-424 form first.
 - It is recommended that the SF-424 form be the first form completed for the application package. Data entered on the SF-424 will populate data fields in other mandatory and optional forms and the user cannot enter data in these fields.
 - The forms listed in the "Mandatory Documents" box and "Optional Documents" may be predefined forms, such as SF-424, forms where a document needs to be attached, such as the Project Narrative or a combination of both. "Mandatory Documents" are required for this application. "Optional Documents" can be used to provide additional support for this application or may be required for specific types of grant activity. Reference the application package instructions for more information regarding "Optional Documents".
 - To open and complete a form, simply click on the form's name to select the item and then click on the => button. This will move the document to the appropriate "Documents for Submission" box and the form will be automatically added to your application package. To view the form, scroll down the screen or select the form name and click on the "Open Form" button to begin completing the required data fields. To remove a form/document from the "Documents for Submission" box, click the document name to select it, and then click the <= button. This will return the form/document to the "Mandatory Documents" or "Optional Documents" box.
 - All documents listed in the "Mandatory Documents" box must be moved to the "Mandatory Documents for Submission" box. When you open a required form, the fields which must be completed are highlighted in yellow with a red border. Optional fields and completed fields are displayed in white. If you enter invalid or incomplete information in a field, you will receive an error message.
- 3 Click the "Save & Submit" button to submit your application to Grants.gov.
 - Once you have properly completed all required documents and attached any required or optional documentation, save the completed application by clicking on the "Save" button.
 - Click on the "Check Package for Errors" button to ensure that you have completed all required data fields. Correct any errors or if none are found, save the application package.
 - The "Save & Submit" button will become active; click on the "Save & Submit" button to begin the application submission process.
 - You will be taken to the applicant login page to enter your Grants.gov username and password. Follow all onscreen instructions for submission.

Application for Federal Assistance SF-424

Version 02

* 1. Type of Submission:

- ☐ Preapplication
☒ Application
☐ Changed/Corrected Application

* 2. Type of Application:

- ☒ New
☐ Continuation
☐ Revision

* If Revision, select appropriate letter(s):

* Other (Specify)

* 3. Date Received:

Completed by Grants.gov upon submission.

4. Applicant Identifier:

5a. Federal Entity Identifier:

* 5b. Federal Award Identifier:

State Use Only:

6. Date Received by State:

7. State Application Identifier:

8. APPLICANT INFORMATION:

* a. Legal Name: Kentucky Cabinet for Health and Family Services

* b. Employer/Taxpayer Identification Number (EIN/TIN):

61-0600439

* c. Organizational DUNS:

927049767

d. Address:

* Street1:

275 East Main Street HSlWA

Street2:

* City:

Frankfort

County:

Franklin

* State:

KY: Kentucky

Province:

* Country:

USA: UNITED STATES

* Zip / Postal Code:

40621

e. Organizational Unit:

Department Name:

Ky. Dept. for Public Hlth.

Division Name:

Commissioner's Office

f. Name and contact information of person to be contacted on matters involving this application:

Prefix:

* First Name:

Patricia

Middle Name:

* Last Name:

Okeson

Suffix:

Title: Staff Assistant

Organizational Affiliation:

Kentucky Department for Public Health

* Telephone Number: 502-564-3970

Fax Number: 502-564-9377

* Email: tricia.okeson@ky.gov

Application for Federal Assistance SF-424

Version 02

9. Type of Applicant 1: Select Applicant Type:

A: State Government

Type of Applicant 2: Select Applicant Type:

Type of Applicant 3: Select Applicant Type:

* Other (specify):

*** 10. Name of Federal Agency:**

Centers for Disease Control and Prevention

11. Catalog of Federal Domestic Assistance Number:

93.507

CFDA Title:

Strengthening Public Health Infrastructure for Improved Health Outcomes

*** 12. Funding Opportunity Number:**

CDC-RFA-CD10-1011

* Title:

Strengthening Public Health Infrastructure for Improved Health Outcomes

13. Competition Identification Number:

OD-OSTLTS-NR

Title:

14. Areas Affected by Project (Cities, Counties, States, etc.):

Statewide

*** 15. Descriptive Title of Applicant's Project:**

Establish a Center for Performance Management (CPM) within the KDPH Commissioner's Office. The Center will be responsible for developing a performance improvement system at the state and local levels

Attach supporting documents as specified in agency instructions.

Add Attachments

Delete Attachments

View Attachments

Application for Federal Assistance SF-424

Version 02

16. Congressional Districts Of:

* a. Applicant

6

* b. Program/Project

All

Attach an additional list of Program/Project Congressional Districts if needed.

Add Attachment

Delete Attachment

View Attachment

17. Proposed Project:

* a. Start Date:

09/30/2010

* b. End Date:

09/29/2015

18. Estimated Funding (\$):

* a. Federal

200,000.00

* b. Applicant

0.00

* c. State

0.00

* d. Local

0.00

* e. Other

0.00

* f. Program Income

0.00

* g. TOTAL

200,000.00

* 19. Is Application Subject to Review By State Under Executive Order 12372 Process?

☒ a. This application was made available to the State under the Executive Order 12372 Process for review on

08/09/2010

☐ b. Program is subject to E.O. 12372 but has not been selected by the State for review.

☐ c. Program is not covered by E.O. 12372.

* 20. Is the Applicant Delinquent On Any Federal Debt? (If "Yes", provide explanation.)

☐ Yes

☒ No

Explanation:

21. *By signing this application, I certify (1) to the statements contained in the list of certifications** and (2) that the statements herein are true, complete and accurate to the best of my knowledge. I also provide the required assurances** and agree to comply with any resulting terms if I accept an award. I am aware that any false, fictitious, or fraudulent statements or claims may subject me to criminal, civil, or administrative penalties. (U.S. Code, Title 218, Section 1001)

☒ ** I AGREE

** The list of certifications and assurances, or an internet site where you may obtain this list, is contained in the announcement or agency specific instructions.

Authorized Representative:

Prefix:

Dr.

* First Name:

William

Middle Name:

D.

* Last Name:

Hacker

Suffix:

M.D.

* Title:

Commissioner

* Telephone Number:

502-564-3970

Fax Number:

502-564-9377

* Email:

williamd.hacker@ky.gov

* Signature of Authorized Representative:

Completed by Grants.gov upon submission.

* Date Signed:

Completed by Grants.gov upon submission.

Application for Federal Assistance SF-424

Version 02

*** Applicant Federal Debt Delinquency Explanation**

The following field should contain an explanation if the Applicant organization is delinquent on any Federal Debt. Maximum number of characters that can be entered is 4,000. Try and avoid extra spaces and carriage returns to maximize the availability of space.

Project Abstract Summary

Program Announcement (CFDA)

93.507

*** Program Announcement (Funding Opportunity Number)**

CDC-RFA-CD10-1011

*** Closing Date**

08/09/2010

*** Applicant Name**

Kentucky Cabinet for Health and Family Services

*** Length of Proposed Project**

60

Application Control No.**Federal Share Requested (for each year)***** Federal Share 1st Year**

\$ 200,000

*** Federal Share 2nd Year**

\$ 200,000

*** Federal Share 3rd Year**

\$ 200,000

*** Federal Share 4th Year**

\$ 200,000

*** Federal Share 5th Year**

\$ 200,000

Non-Federal Share Requested (for each year)*** Non-Federal Share 1st Year**

\$ 0

*** Non-Federal Share 2nd Year**

\$ 0

*** Non-Federal Share 3rd Year**

\$ 0

*** Non-Federal Share 4th Year**

\$ 0

*** Non-Federal Share 5th Year**

\$ 0

*** Project Title**

Establish a Center for Performance Management (CPM) within the KDPH Commissioner's Office. The Center will be responsible for developing a performance improvement system at the state and local levels

Project Abstract Summary

* Project Summary

The Kentucky Department for Public Health (KDPH) is applying for Component I and II of this grant opportunity. Component II is submitted separately with a request of \$ 1,636,343 to renovate an outdated systems in order to develop data systems that will drive an overall performance management system at the state and local levels. For this Component I application \$200,000 is requested for the first 12 month budget period with a project period of 5 years. The project will establish a Center for Performance Management (CPM) within the KDPH Commissioner's Office. The Center will be responsible for developing a performance improvement system at the state and local levels.

This project will provide leadership and infrastructure for the development and operation of a complete performance management system in the Commonwealth that will create a culture of quality improvement at the KDPH and at Local Health Departments (LHDs). Implementation of the performance improvement system, through which individual programs and operations will be evaluated and improved, will increase the capacity and ability of the state and local health departments to meet national public health standards such as those of the Public Health Accreditation Board (PHAB).

The CPM will be staffed with a full time Performance Improvement Manager who will participate in a national network of performance improvement professionals and coordinate all performance improvement initiatives. A second position will be established for a Performance Improvement Specialist to provide technical assistance and training for local health departments.

The goal is to increase KDPH and LHD capacity to routinely evaluate and improve the effectiveness of their organizations and practices. Measurable indicators over the five year project period will include a) establishment of dedicated staff, b) development of an Assessment, Improvement Plan and Strategic Plan, c) increase in the number of state and local health department staff trained in performance management, and d) implementation of routine monitoring and reporting for organizational performance and health outcomes.

Category of Core Public Health Infrastructure: Performance Management.

Key Area of Public Health Infrastructure: Workforce and Systems Development

* Estimated number of people to be served as a result of the award of this grant.

4000000

DISCLOSURE OF LOBBYING ACTIVITIES

Complete this form to disclose lobbying activities pursuant to 31 U.S.C.1352

Approved by OMB

0348-0046

1. * Type of Federal Action: <input type="checkbox"/> a. contract <input checked="" type="checkbox"/> b. grant <input type="checkbox"/> c. cooperative agreement <input type="checkbox"/> d. loan <input type="checkbox"/> e. loan guarantee <input type="checkbox"/> f. loan insurance	2. * Status of Federal Action: <input type="checkbox"/> a. bid/offer/application <input checked="" type="checkbox"/> b. initial award <input type="checkbox"/> c. post-award	3. * Report Type: <input checked="" type="checkbox"/> a. initial filing <input type="checkbox"/> b. material change
4. Name and Address of Reporting Entity: <input checked="" type="checkbox"/> Prime <input type="checkbox"/> SubAwardee * Name: Kentucky Cabinet for Health and Family Svcs. * Street 1: 275 East Main Street Street 2: _____ * City: Frankfort State: KY: Kentucky Zip: 40621 Congressional District, if known: 6		
5. If Reporting Entity in No.4 is Subawardee, Enter Name and Address of Prime: 		
6. * Federal Department/Agency: Ctrs. for Disease Control and Prevention	7. * Federal Program Name/Description: Strengthening Public Health Infrastructure for Improved Health Outcomes CFDA Number, if applicable: 93.507	
8. Federal Action Number, if known: _____	9. Award Amount, if known: \$ _____	
10. a. Name and Address of Lobbying Registrant: Prefix _____ * First Name: None Middle Name: _____ * Last Name: None Suffix: _____ * Street 1: _____ Street 2: _____ * City: _____ State: _____ Zip: _____		
b. Individual Performing Services (including address if different from No. 10a) Prefix _____ * First Name: None Middle Name: _____ * Last Name: None Suffix: _____ * Street 1: _____ Street 2: _____ * City: _____ State: _____ Zip: _____		
11. Information requested through this form is authorized by title 31 U.S.C. section 1352. This disclosure of lobbying activities is a material representation of fact upon which reliance was placed by the tier above when the transaction was made or entered into. This disclosure is required pursuant to 31 U.S.C. 1352. This information will be reported to the Congress semi-annually and will be available for public inspection. Any person who fails to file the required disclosure shall be subject to a civil penalty of not less than \$10,000 and not more than \$100,000 for each such failure. * Signature: Completed on submission to Grants.gov * Name: Prefix: Dr. * First Name: William Middle Name: D. * Last Name: Hacker Suffix: MD Title: Commissioner Telephone No.: 502-564-3970 Date: Completed on submission to Grants.gov		
Authorized for Local Reproduction Standard Form - LLL (Rev. 7-87)		

BUDGET INFORMATION - Non-Construction Programs

SECTION A - BUDGET SUMMARY

Grant Program Function or Activity (a)	Catalog of Federal Domestic Assistance Number (b)	Estimated Unobligated Funds		New or Revised Budget		
		Federal (c)	Non-Federal (d)	Federal (e)	Non-Federal (f)	Total (g)
1. Component I - Strengthening Public Health Infrastructure for Improved Health Outcomes	93.507	\$	\$	\$ 200,000.00	\$	\$ 200,000.00
2.						
3.						
4.						
5. Totals		\$	\$	\$ 200,000.00	\$	\$ 200,000.00

SECTION B - BUDGET CATEGORIES

6. Object Class Categories	GRANT PROGRAM, FUNCTION OR ACTIVITY				Total (5)
	(1)	(2)	(3)	(4)	
	Component I - Strengthening Public Health Infrastructure for Improved Health Outcomes				
a. Personnel	\$ 107,860.00	\$	\$	\$	107,860.00
b. Fringe Benefits	46,380.00				46,380.00
c. Travel	12,068.00				12,068.00
d. Equipment	2,000.00				2,000.00
e. Supplies					
f. Contractual					
g. Construction					
h. Other	9,041.00				9,041.00
i. Total Direct Charges (sum of 6a-6h)	177,349.00			\$	177,349.00
j. Indirect Charges	22,651.00			\$	22,651.00
k. TOTALS (sum of 6i and 6j)	200,000.00	\$	\$	\$	200,000.00
7. Program Income	\$	\$	\$	\$	

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SECTION C - NON-FEDERAL RESOURCES					
(a) Grant Program	(b) Applicant	(c) State	(d) Other Sources	(e) TOTALS	
8.	\$	\$	\$		
9.					
10.					
11.					
12. TOTAL (sum of lines 8-11)	\$	\$	\$		

SECTION D - FORECASTED CASH NEEDS				
Total for 1st Year	1st Quarter	2nd Quarter	3rd Quarter	4th Quarter
13. Federal	\$ 200,000.00	\$ 50,000.00	\$ 50,000.00	\$ 50,000.00
14. Non-Federal	\$			
15. TOTAL (sum of lines 13 and 14)	\$ 200,000.00	\$ 50,000.00	\$ 50,000.00	\$ 50,000.00

SECTION E - BUDGET ESTIMATES OF FEDERAL FUNDS NEEDED FOR BALANCE OF THE PROJECT				
(a) Grant Program	FUTURE FUNDING PERIODS (YEARS)			
	(b) First	(c) Second	(d) Third	(e) Fourth
16. Component I - Strengthening Public Health Infrastructure for Improved Health Outcomes	\$ 200,000.00	\$ 200,000.00	\$ 200,000.00	\$ 200,000.00
17.				
18.				
19.				
20. TOTAL (sum of lines 16 - 19)	\$ 200,000.00	\$ 200,000.00	\$ 200,000.00	\$ 200,000.00

SECTION F - OTHER BUDGET INFORMATION	
21. Direct Charges: 177,349.00	22. Indirect Charges: 22,651.00
23. Remarks:	

CHECKLIST

OMB Approval No. 0920-0428

Public Burden Statement:

Public reporting burden of this collection of information is estimated to average 4 hours per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. An agency may not conduct or sponsor, and a person is not required to respond to a collection of information unless it displays a currently valid OMB control number. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden to CDC,

Clearance Officer, 1600 Clifton Road, MS D-24, Atlanta, GA 30333, ATTN: PRA (0920-0428). Do not send the completed form to this address.

NOTE TO APPLICANT:

This form must be completed and submitted with the original of your application. Be sure to complete both sides of this form. Check the appropriate boxes and provide the information requested. This form should be attached as the last page of the signed original of the application. This page is reserved for PHS staff use only.

Type of Application:

☒ NEW☐ Noncompeting Continuation☐ Competing Continuation☐ Supplemental**PART A: The following checklist is provided to assure that proper signatures, assurances, and certifications have been submitted.**

	Included	NOT Applicable
1. Proper Signature and Date	<input type="checkbox"/>	
2. Proper Signature and Date on PHS-5161-1 "Certifications" page.	<input type="checkbox"/>	
3. Proper Signature and Date on appropriate "Assurances" page, i.e., SF-424B (Non-Construction Programs) or SF-424D (Construction Programs)	<input type="checkbox"/>	
4. If your organization currently has on file with DHHS the following assurances, please identify which have been filed by indicating the date of such filing on the line provided. (All four have been consolidated into a single form, HHS Form 690)		
<input checked="" type="checkbox"/> Civil Rights Assurance (45 CFR 80)		
<input checked="" type="checkbox"/> Assurance Concerning the Handicapped (45 CFR 84)		
<input checked="" type="checkbox"/> Assurance Concerning Sex Discrimination (45 CFR 86)		
<input checked="" type="checkbox"/> Assurance Concerning Age Discrimination (45 CFR 90 & 45 CFR 91)		
5. Human Subjects Certification, when applicable (45 CFR 46)	<input type="checkbox"/>	<input type="checkbox"/>

PART B: This part is provided to assure that pertinent information has been addressed and included in the application.

	YES	NOT Applicable
1. Has a Public Health System Impact Statement for the proposed program/project been completed and distributed as required?	<input type="checkbox"/>	<input type="checkbox"/>
2. Has the appropriate box been checked on the SF-424 (FACE PAGE) regarding intergovernmental review under E.O. 12372 ? (45 CFR Part 100)	<input checked="" type="checkbox"/>	
3. Has the entire proposed project period been identified on the SF-424?	<input type="checkbox"/>	
4. Have biographical sketch(es) with job description(s) been attached, when required?	<input type="checkbox"/>	<input type="checkbox"/>
5. Has the "Budget Information" page, SF-424A (Non-Construction Programs) or SF-424C (Construction Programs), been completed and included?	<input type="checkbox"/>	
6. Has the 12 month detailed budget been provided?	<input type="checkbox"/>	<input type="checkbox"/>
7. Has the budget for the entire proposed project period with sufficient detail been provided?	<input type="checkbox"/>	<input type="checkbox"/>
8. For a Supplemental application, does the detailed budget address only the additional funds requested?	<input type="checkbox"/>	<input type="checkbox"/>
9. For Competing Continuation and Supplemental applications, has a progress report been included?	<input type="checkbox"/>	<input type="checkbox"/>

PART C: In the spaces provided below, please provide the requested information.

Business Official to be notified if an award is to be made

Name: Prefix: * First Name: Middle Name:
 * Last Name: Suffix:
 Title:
 Organization:
 Address: * Street1:
 Street 2:
 * City:
 * State: Province:
 * Country: * Zip / Postal Code:
 * Telephone Number:
 E-mail Address:
 Fax Number:

APPLICANT ORGANIZATION'S 12-DIGIT DHHS EIN (if already assigned)

 -

PART C (Continued): In the spaces provided below, please provide the requested information.

Program Director/Project Director/Principal Investigator designated to direct the proposed project

Name: Prefix: Dr. * First Name: William Middle Name: D.
 * Last Name: Hacker Suffix: MD
Title: Commissioner
Organization: Kentucky Department for Public Health
Address: * Street1: 275 East Main Street HS1WA
 Street2: _____
 * City: Frankfort
 * State: KY: Kentucky Province: _____
 * Country: USA: UNITED STATES * Zip / Postal Code: 40621
*** Telephone Number:** 502-564-3970
E-mail Address: williamd.hacker@ky.gov
Fax Number: 502-564-9377

SOCIAL SECURITY NUMBER**HIGHEST DEGREE EARNED**

MD

PART D: A private, nonprofit organization must include evidence of its nonprofit status with the application. Any of the following is acceptable evidence. Check the appropriate box or complete the "Previously Filed" section, whichever is applicable.

- ☐ (a) A reference to the organization's listing in the Internal Revenue Service's (IRS) most recent list of tax-exempt organizations described in section 501(c)(3) of the IRS Code.
- ☐ (b) A copy of a currently valid Internal Revenue Service Tax exemption certificate.
- ☐ (c) A statement from a State taxing body, State Attorney General, or other appropriate State official certifying that the applicant organization has a nonprofit status and that none of the net earnings accrue to any private shareholders or individuals.
- ☐ (d) A certified copy of the organization's certificate of incorporation or similar document if it clearly establishes the nonprofit status of the organization.
- ☐ (e) Any of the above proof for a State or national parent organization, and a statement signed by the parent organization that the applicant organization is a local nonprofit affiliate.

If an applicant has evidence of current nonprofit status on file with an agency of PHS, it will not be necessary to file similar papers again, but the place and date of filing must be indicated.

Previously Filed with: * (Agency)

on * (Date)

INVENTIONS

If this is an application for continued support, include: (1) the report of inventions conceived or reduced to practice required by the terms and conditions of the grant; or (2) a list of inventions already reported, or (3) a negative certification.

EXECUTIVE ORDER 12372

Effective September 30, 1983, Executive Order 12372 (Intergovernmental Review of Federal Programs) directed OMB to abolish OMB Circular A-95 and establish a new process for consulting with State and local elected officials on proposed Federal financial assistance. The Department of Health and Human Services implemented the Executive Order through regulations at 45 CFR Part 100 (Inter-governmental Review of Department of Health and Human Services Programs and Activities). The objectives of the Executive Order are to (1) increase State flexibility to design a consultation process and select the programs it wishes to review, (2) increase the ability of State and local elected officials to influence Federal decisions and (3) compel Federal officials to be responsive to State concerns, or explain the reasons.

The regulations at 45 CFR Part 100 were published in *Federal Register* on June 24, 1983, along with a notice identifying the

Department's programs that are subject to the provisions of Executive Order 12372. Information regarding PHS programs subject to Executive Order 12372 is also available from the appropriate awarding office.

States participating in this program establish State Single Points of Contact (SPOCs) to coordinate and manage the review and comment on proposed Federal financial assistance. Applicants should contact the Governor's office for information regarding the SPOC, programs selected for review, and the consultation (review) process designed by their State.

Applicants are to certify on the face page of the SF-424 (attached) whether the request is for a program covered under Executive Order 12372 and, where appropriate, whether the State has been given an opportunity to comment.

Other Attachment File(s)

* Mandatory Other Attachment Filename:

To add more "Other Attachment" attachments, please use the attachment buttons below.

U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES

Centers for Disease Control and Prevention (CDC)

Strengthening Public Health Infrastructure for Improved Health Outcomes

Funding Opportunity Number: CDC-RFA-CD10-1011

Catalog of Federal Domestic Assistance Number: 93.507

Applicant Name: Kentucky Cabinet for Health and Family Services, Department for Public Health

Grant Application: Component I: Base Funding for Public Health Transformation

Summary of Funding Request:

The Kentucky Department for Public Health (KDPH) is applying for Component I and II of this grant opportunity. Component II is submitted separately with a request of \$1,636,343 to renovate an outdated system in order to develop data systems that will drive an overall performance management system at the state and local levels. For this Component I application \$200,000 is requested for the first 12 month budget period with a project period of 5 years. The project will establish a Center for Performance Management (CPM) within the KDPH Commissioner's Office. The Center will be responsible for developing a performance improvement system at the state and local levels.

This project will provide leadership and infrastructure for the development and operation of a complete performance management system in the Commonwealth that will create a culture of Continuous Quality Improvement (CQI) at KDPH and at Local Health Departments (LHDs). Implementation of the performance improvement system, through which individual programs and operations will be evaluated and improved, will increase the capacity and ability of the state and local health departments to meet national public health standards such as those of the Public Health Accreditation Board (PHAB).

The CPM will be staffed with a full time Performance Improvement Manager who will participate in a national network of performance improvement professionals and coordinate all performance improvement initiatives. A second position will be established for a Performance Improvement Specialist to provide technical assistance and training for local health departments.

The goal is to increase KDPH and LHD capacity to routinely evaluate and improve the effectiveness of their organizations and practices. Measurable indicators over the five year project period will include a) establishment of dedicated staff, b) development of an Assessment, Improvement Plan and Strategic Plan, c) delivery of standardized competency based training in performance management, and d) implementation of routine monitoring and reporting for organizational performance and health outcomes.

Category of Core Public Health Infrastructure: Performance Management.

Key Area of Public Health Infrastructure: Workforce and Systems Development

Background

The Commonwealth of Kentucky, home to 4.3 million people, is known for diverse geographic conditions from the flat farmlands of Western Kentucky to the hills and coal mines of Eastern Kentucky. In addition to coal, the Kentucky economy includes tourism and industrial products such as transportation equipment, chemical products, electric equipment, machinery, food processing, and tobacco products.

Despite the variety of agricultural and industrial economic drivers, the Commonwealth of Kentucky has experienced a decline in revenue receipts for the last two fiscal years due to an economic recession, which has resulted in over \$900 million dollars in spending reductions. The economic crisis has resulted in 17.2% of Kentuckians living below Federal Poverty Levels with over 800,000 currently enrolled in the state's Medicaid program that is designated to meet the health needs of those most needy. Despite increases in the current Executive Budget for Kentucky's Medicaid program, the program is still estimated to be underfunded by \$50 million each year.

In addition, KDPH is the sole organizational unit of the state government responsible for developing and operating all public health programs and activities for the citizens of Kentucky. These activities include health service programs for the prevention, detection, care, and treatment of specific illnesses and disease.

KDPH is part of the Cabinet for Health and Family Services (CHFS) and shares responsibility for public health programs with LHDs, which they do not own. LHDs consist of 42 local health departments and 15 regional health districts in Kentucky. The complete public health system in Kentucky includes many non-profit health-related groups, foundations and healthcare facilities. Each agency plays a part in caring for the health needs of Kentuckians whose health statistics rank among the lowest in the nation. According to America's Health Rankings, the Commonwealth ranks 44th in the percent of population that is obese, 48th in the percent of population that smokes, 49th in the number of preventable hospitalizations, and 48th in the percent of adult population with cardiac heart disease. These are complex problems with multiple causes which require complex interventions.

Such problems become increasingly difficult to impact in a state with shrinking resources. KDPH recognizes the need to maximize the resources available to meet the needs of Kentucky citizens. However, KDPH does not, to date, have a fully developed performance management system through which programs, clinical practice and use of resources can be evaluated as to their impact on health outcomes. Sporadic attempts have been made to embrace performance management in the Commonwealth. For example, in 1999, KDPH completed a performance improvement plan with specified goals for areas within the department. However, an appropriate infrastructure, which includes dedicated staffing, tools and communication strategies to support the plan, did not exist. Due to this lack of performance management infrastructure and many competing priorities, the plan was not effectively implemented throughout the organization and utilized to improve both state and local public health system performance. This circumstance places Kentucky along with 90% of Association of State and Territorial Health Officers (ASTHO) surveyed State Health Departments who have been unable to fully implement performance improvement processes across all departments.

Both the health condition of Kentuckians and the limited resources of the state, suggest that there is a need for dedicated resources to not only update a performance improvement plan, but also to create a performance management system which will promote quality improvement efforts at KDPH and LHDs. These efforts must include a tailored approach in which resources are allocated to evidence-based programming within the public health system.

This proposed project is intended to provide leadership for the development and operation of a complete performance management system in Kentucky that will create a culture of Continuous Quality Improvement (CQI) for KDPH and LHDs. Implementation of the performance management system through which individual programs and operations will be evaluated and improved is expected to result in improved efficiencies and effectiveness, leading to improvement in the health of the citizens of Kentucky.

Activity Plan

Infrastructure Investments:

The Key Area for infrastructure investment is Workforce and Systems Development for the Performance Management Category. The project will create more efficient and effective public health service delivery and increase the performance management capacity of KDPH and LHDs to ensure that public health goals are effectively and efficiently met. Reengineering of Kentucky's current infrastructure and systems will improve networking, coordination, and standardization of practice.

Methods and Activities:

1. Establishment of a Center for Performance Management

This project will begin with establishing a Center for Performance Management (CPM) in the Commissioner's Office and establishing two FTE positions to provide infrastructure and coordination between KDPH and LHD performance improvement activities. Qualifications for these individuals will include experience with quality management tools and performance improvement project management with preference given to individuals with prior experience in the public health or the healthcare arena.

2. Implementation of a Team Approach to Quality Improvement

A team approach will be used to understand and analyze current practices, institute appropriate changes, and measure the effect on identified outcomes through systematic monitoring processes. Encouraging the active participation and contribution of each member of the team using a multi-disciplinary approach will help sustain improvement over time. Performance improvement data will be collected and analyzed so that the information can be used proactively to monitor, assess, and improve the quality of processes, services, programs, and systems.

The KDPH leadership and quality improvement team is committed to the principles of CQI in services, programs, and operations; therefore a Performance Improvement Plan will be created with funding from this grant. Discussions have taken place about the benefits of a rapid-cycle performance improvement model to transform information into activities that will improve the services delivery and outcomes for the Department. The Plan-Do-Check-Act (PDCA)

improvement model has been used in some projects. Efficiency is a key goal throughout KDPH but limited resources have held a full-scale development from rolling out thus far.

3. Coordination with PHAB to Achieve State Accreditation by 2014

In order for the staff to provide a baseline for the performance management system development in the Commonwealth of Kentucky, the Public Health Accreditation Board (PHAB) accreditation standards, measures and documentation guidance for State and Territorial Health Agencies will be employed. KDPH designated a full time State Accreditation Coordinator (SAC) in 2009 that is charged with agency evidence collection, PHAB document technical assistance, the single point of contact for required PHAB activities, and accreditation projects. Additional activities have included orientation to accreditation and quality improvement for state staff. The Plan-Do-Check-Act model for problem solving and improvement is being incorporated into KDPH policy. The SAC reports to the Public Health Improvement Branch. The CPM will work with the SAC to coordinate and support accreditation activities under the performance management umbrella.

The PHAB guidelines for preparation for accreditation require three key documents to be completed before an agency self-assessment: State Health Assessment, State Health Improvement Plan, and a State Strategic Plan. KDPH has identified the need for a State Communication Plan, as well. These four items are incorporated into the Performance Plan section of the application with details, including completion within the first three years of the grant cycle. Data will be collected from a variety of sources including community partners, other stakeholders, staff, and other resources such as financial information, program reports, risk management reports, human resource reports, health and safety reports, and other relevant reports. Accreditation standards represent a base level of service delivery from which to build. In addition, the process of PHAB standard implementation is conducive to performance improvement team initiatives as current performance is measured against the PHAB standards and improvement areas are noted.

KDPH Accreditation and CQI Objectives to date include, but are not limited to:

Short Term

- Establish partnerships necessary to achieve national accreditation readiness.
- Complete all accreditation pre-requisite documents and steps leading to national accreditation.
- Obtain support and participation from key stakeholders including but not limited to: Governing Entities, Executive Branch and Legislature, Community Partners, State Partners, and KDPH.

Medium Term

- Meet all requirements for national accreditation.
- Institutionalize CQI as a key component of Strategic Planning.
- Establish the practice of inclusive collaboration in CQI project identification, project improvement, and implementation.

Long Term

- Continue to meet or exceed national accreditation standards.
- Implement and sustain a culture of CQI department-wide.

- Improve health outcomes for Kentucky's citizens.

4. Delivery of Standardized Training to Increase Performance Management

Training for Local and State Health Department workforce on CQI will be one of the first steps in this process. One measure of this project is to increase the number of individuals at all public health sites that are knowledgeable of performance management and able to use performance improvement tools to better the systems in which they work. The goal is to develop a performance management knowledge base across the state and promote usage of PHAB accreditation standards to measure the positive impact of performance management on public health.

Training provided by KDPH accreditation initiatives to date include:

- KDPH educational awareness presentations to each internal division and leadership
- Peer-on-peer quality improvement and accreditation discussions with noted field experts
- Technical assistance (resource based award) mini-grant from Association of State and Territorial Health Officials (ASTHO) for accreditation development and creation of a planning guide
- ASTHO site visit with leadership presentation
- Initial formation of an agency Accreditation Readiness Team (ART)

The newly created CPM will focus on training for KDPH and LHD staff to increase skills in using data and information systems to monitor performance, quality improvement tools and techniques, community assessment, and strategic planning. Emphasis will be placed on systems, team building, workforce development planning, cultural changes, performance management and quality indicators. Training will be developed with input from the SAC for consistency with PHAB standards.

Training will be delivered using multiple media. Direct training will occur centrally and regionally as well as concurrent with professional meetings and conferences. State and local training activities will utilize the KDPH Education and Workforce Branch's TRAIN (TrainingFinder Real-time Affiliate Integrated Network) system which is located online at <https://ky.train.org/DesktopShell.aspx>. TRAIN is a multi-functional web-based training system for health organizations. TRAIN is an online management system in which programs and training are available to anyone with computer access 24 hours, 7 days a week.

KDPH subscribes to TRAIN which is also currently used in twenty-four states. TRAIN is a gratis service for users such as health organizations and individuals to find training information. Training content providers determine if programs are available to the general public or restricted to specific users. KDPH uses TRAIN to deliver organized, cost-efficient educational programs and training courses using a variety of formats, such as face-to-face, videoconference/ITV, Webcast, datacast, satellite and online modules. The Module Development unit creates training modules for KDPH, LHDs, and partners. Interactive training modules are

developed for TRAIN with video and often use Adobe Captivate animation to provide easier-to-use Web-based training. The CPM and the SAC will rely heavily on these valuable resources.

The KDPH Distance Learning Network (KEN-NECT) is also managed in the branch, which is responsible for providing technical assistance and expertise to the multi-media systems. KEN-NECT communicates training and other information to those involved with KDPH and LHDs. KDPH additionally works with numerous communication methods, including 175 videoconference units in 90 counties, 64 satellite sites, and Live/archived Web-casting through TRAIN. The Continuing Education Providership, also housed in the branch, provides continuing education training units to ensure the quality of programming and help the workforce to maintain professional licenses and credentialing. TRAIN includes evaluations at the completion of online modules where user feedback is gleaned and utilized for the planning stages of future content. Various modalities will be utilized during the grant evaluation stage.

5. Coordination with Component II Grant: Enhanced Performance Management

KDPH is submitting a competitive grant application for Component II: Enhanced Funding for Public Health Transformation. If funded, this project will build on the basic infrastructure developed under Component I and replace outdated data systems to build a fully operational performance management system for state and local level users.

The CPM will have responsibility for coordination, tracking and reporting of Component I and the interface with Component II. Specific initiatives of Component II include modernization of the Financial Management and Radiation Laboratory Information systems. It will also include building an interstate relationship with Tennessee.

A schematic of the Component I and Component II interface is included in the attachments.

Key Partners:

KY Department for Public Health - Key partners will be KDPH leadership, including the Commissioner, Deputy Commissioner and Division Directors, Branch Managers and Program staff. Location of the PMC within the Commissioner's Office provides infrastructure for department-wide support at the state level.

Local Health Departments - Local health departments are full partners in implementing a statewide performance management system. The President of the KY Health Department Association (KHDA) represents local health departments as a member of the Performance Management Advisory Committee. The Commissioner's Office will make regular reports of activities to the KHDA membership at their monthly meetings. Special meetings will be called as requested by KHDA members or KDPH staff. A letter of support is included in the attachments.

KY Public Health Association (KPHA) - KPHA is a voluntary association of public health professionals with nearly 1000 members. Agencies represented include public health departments, schools of public health, and community agencies. The President of KPHA serves

on the Performance Management Advisory Committee. A letter of support is included in the attachments.

UK College of Public Health (UKCPH)– will provide expertise in systems design, workforce development and other consultative services. A member of the UKCPH will serve on the Advisory Committee.

KY Public Health Research Network (KPHReN) – KPHReN is a Roberts Wood Johnson Foundation funded practice-based research network that enables community providers to collaborate with researchers in designing, implementing, evaluating and diffusing solutions to relevant problems in clinical practice. Members include KDPH, UKCPH, KPHA and 17 local health departments. A representative will be identified to serve on the Performance Management Advisory Board and to assist with evaluation.

KY General Assembly – The Kentucky General Assembly has demonstrated support for performance management through introduction of legislation supporting accreditation of health departments during the 2010 session. The House Bill did not pass but generated strong support and is expected to be reintroduced in 2011.

Cross-Jurisdictional Relationships

State -Local Jurisdictions – Kentucky LHDs are independent from KDPH authority. However, KDPH has a close relationship with LHD directors through KHDA and Local Boards of Health to collaborate on developing and implementing policies that are responsive to state and local needs.

State-State Jurisdictions - The Component II proposal includes collaboration with neighboring Tennessee on systems development and data sharing across state lines. Kentucky will assist Tennessee with the development of its electronic vital statistics data and development of system linkage with newborn screenings and Tennessee will assist Kentucky in the development of its CPM and its financial management systems. Data sharing will be explored and implemented as appropriate. A letter of support from Tennessee is included in the attachments.

Staffing:

This project requires two full-time performance management professionals for the systematic development of a performance management system for the KDPH and LHDs. These staff members, under the direction of the Commissioner for the KDPH, will guide the process of development and implementation of a statewide performance management system that meets the needs of KDPH and LHDs and moves Kentucky toward compliance with PHAB accreditation standards, measures and practices.

Principle Investigator - William Hacker, MD, FAAP, CPE, Commissioner, KDPH, has extensive experience in healthcare management and in administration as well as clinical services and public health. Dr. Hacker has served as Commissioner since 2004 and reports directly to the Secretary of the Cabinet for Health and Family Services. An organizational chart for KDPH and a CV for Dr. Hacker are included in the attachments.

Performance Improvement Manager (vacant) – Funds are requested for a Grade 16 position with a minimum of a Bachelor's Degree in management, public health, nursing, business administration, organizational leadership, or a related field. Individuals with experience with performance management and quality improvement processes are preferred. The primary responsibility is management and coordination of statewide performance management and quality improvement initiative to ensure a data-driven focus that is aligned to KDPH and LHD strategic plans. Specific responsibilities will include participation in a national network of performance improvement professionals and working with Kentucky's SAC to move Kentucky toward accreditation by the Public Health Accreditation Board (PHAB) by 2014. A detailed job description is included in the attachments.

Performance Improvement Specialist (vacant) – Funds are requested for a Grade 15 position with a minimum of a Bachelor's Degree in management, public health, nursing, business administration, organizational leadership, or a related field. Individuals with experience with performance management and quality improvement processes are preferred. Responsibilities will include technical assistance and training for LHDs, coordination of state and local initiatives and support for PHAB accreditation. This position is the "grassroots" liaison working in partnership with the Performance Improvement Manager and the SAC. A detailed job description is included in the attachments.

Project Management

Although LHDs in Kentucky are independent agencies, KDPH has a very close relationship with the department directors and routinely collaborates on many issues with the local health departments using the team concept. KDPH organized a small Advisory Panel of local health department directors to provide direction on component I and II of this grant application. The Advisory Panel includes the President of the KHDA, the President of the KPHA, and a member of the National Association for City and County Health Officials (NACCHO) Board. This advisory group will remain intact throughout the grant cycle to provide consultation and direction for both components I and II of this funding opportunity. Additional members will be added to the panel to form a Performance Management Advisory Committee and KDPH will continue to rely on their expertise and leadership as these projects move forward.

CPM staff will be responsible for tracking activities and adherence to timelines in the Performance Plan as well as coordination with PHAB accreditation and CQI initiatives. Reports will include issues with recommendations for resolution. Tracking tools and standardized reports will be developed. PDCA cycle sheets will be utilized. Annual progress and accountability mechanisms will be completed as required by the grantor.

- Reports will be submitted directly to the Commissioner's Office and will be a regular agenda item at weekly KDPH Executive Staff meetings for Directors. Issues will be addressed by the Commissioner and Executive Staff in regular or special called meetings.
- Reports will be made to KHDA at least quarterly with discussion and feedback solicited from local health department directors.
- Reports will be made to the Performance Management Advisory Committee at least quarterly.

Performance Plan

Year One Objective: Establish Performance Management Program within KDPH. Develop Communication Policy, CQI Policy, and conduct Kentucky Public Health Community Assessment.

Activities	Responsible Entities	Time Frame	Result/Evaluation
A. Employ personnel for Performance Improvement Manager (PI Manager) and Performance Improvement-CQI Specialist (CQI Specialist) positions. Procure necessary office equipment and supplies.	KDPH	Year 1, Months 1-3	Positions posted through the Kentucky Personnel Cabinet. Two employees are successfully hired.
B. Develop a Performance Improvement Management Plan.	KDPH, PI Manager, CQI Specialist	Year 1, beginning months 4-5	Orient new staff to KDPH and LHD structure. Introduction to KHDA, KPHA, KDPH partners. Meet with LHD & KDPH Leaders to identify Workforce Development needs. Meet with LHD and KDPH Accreditation Coordinators to discuss agency's document or processes needed for Accreditation preparation.
C. Develop a KDPH Communication Policy.	KDPH, PI Manager, CQI Specialist	Year 1, beginning months 4-5	Meet with KHDA and LHD Leaders to discuss Communication issues to & from KDPH. Meet with KDPH Communication Workgroup to assist with development of Communication Policy.
D. Conduct a Kentucky Public Health State Assessment.	PI Manager	Year 1, beginning months 6-7	Schedule, coordinate and perform logistics for statewide forums for gathering information regarding PH Community Assessment and assisting with stakeholder and partnership enhancement and development. Conduct forums. Create FAQ's and data base from information gleaned.
E. Develop KDPH CQI Policy/Plan. Research and	CQI Specialist	Year 1, beginning	Draft plan for review by CPM. Schedule monthly meeting times with

develop curriculum for CQI for KDPH with intent of providing to LHD in year 2.		months 6-7	staff in each of the 7 Divisions and Commissioner's Office for workforce development in CQI processes. Conduct workforce development training for 8 areas in KDPH regarding CQI. Compile FAQ's for distribution.
F. Develop CQI Resource Guide.	CQI Specialist	Year 1, months 6-7	
G. Finalize Kentucky Public Health State Assessment.	PI Manager	Year 1, month 10 – Year 2	Compile info and data gathered into first draft document for discussion and review. Implement suggested changes and submit Final Draft for KDPH Administration review. Finalize PH Community Assessment.
H. Draft Public Health Improvement Plan.	PI Manager	Year 2	Schedule, coordinate, facilitate and conduct forums regarding PH Improvement Plan.
I. Assist LHDs with CQI Policy development.	CQI Specialist	Year 2	Adjust CQI training curriculum for LHD implication. Conduct workforce development training for LHDs regarding CQI (57 agencies) (Regional Training).
J. Strengthen KDPH performance improvement processes.	KDPH	Year 2	Continue Performance Management Program in KDPH and LHDs, providing technical assistance and training to both state and local staff regarding performance improvement to improve KY PH Infrastructure.
K. Finalize PH Improvement Plan.	PI Manager	Year 3	
L. Identify additional needs in workforce development.	CQI Specialist	Year 3	Meet with KDPH & LHD staff to identify workforce development needs.
M. Draft a KDPH Strategic Plan.	PI Manager	Year 3	Schedule, coordinate, and facilitate meetings of KDPH Division and Commissioner's Office staff regarding Strategic Plan development. Submit Draft Strategic Plan to Commissioner.

N. Finalize KDPH Strategic Plan.	PI Manager	Year 4	Implement suggested changes and submit Final Draft for KDPH Administration review. Finalize KDPH Strategic Plan.
O. Assist with Assessment and data collection for Accreditation of LHDs.	KDPH, PI Manager, CQI Specialist	Year 4	
P. Conduct Self-Assessment and data collection for Accreditation of KDPH.	KDPH, PI Manager, CQI Specialist	Year 5	KDPH staff lead the Self-Assessment and data collection.

Evaluation Plan

This project will utilize both process and outcome evaluation measures to ensure that the proposed activities are completed in the most effective and efficient manner possible. The TRAIN system, a LMS (learning management system) will be utilized to evaluate the usefulness and related characteristics of trainings.

As the Performance Management system is further developed, KDPH will look to the evaluation expertise housed at the University of Kentucky, College of Public Health and the Kentucky Public Health Research Network (KPHReN). KPHReN is a network of public health professionals including the Kentucky Public Health Association which includes 17 LHDs, University of Kentucky College of Public Health and KDPH. It includes a steering committee that provides broad oversight and makes recommendation on public health policies, including PHAB and Quality Improvement projects across the state. The Component I & II Advisory Committee will also be included in evaluation initiatives.

The long-term evaluation plan will not only include the status of reaching deliverables described in this grant application but will also include determining if performance measured identified in our state and local strategic plans, performance improvement plans, as well as the performance management system are appropriate to truly measure the benchmarks and outcomes as intended.

Strengthening Public Health Infrastructure for Improved Health Outcomes

Component I Budget - Kentucky Department for Public Health

Opportunity Number: CDC-RFA-CD10-1011

Year 1

Personnel		Salary	Fringe	Total
	Performance Improvement Manager	\$ 56,500	\$ 24,295	\$ 80,795
	Performance Improvement Specialist	\$ 51,360	\$ 22,085	\$ 73,445
	Total	\$ 107,860	\$ 46,380	\$ 154,240
Travel				
Out-of-State				
	2 staff member for 1 required national meeting			
	Airfare (\$365 x 2 people x 1 trips)		\$ 730	
	Hotel (\$150 x 3 nights x 2 people x 1 trip)		\$ 900	
	Per Diem (\$36 per day x 4 days x 2 people x 1 trip)		\$ 288	
	Other (\$75 per trip x 2 people x 1 trip)		\$ 150	
	Total Out-of-State Travel			\$ 2,068
In-state				
	Mileage			
	Hotel (\$120 per night x 1 night x 5 trips)	\$ 600		
	Per diem (\$36 per day x 5 overnight trips)	\$ 180		
	Mileage (Avg 160 miles per trip x .50 per mile x 2 trips x 57 health departments)	\$ 9,120		
	Other (\$20 per overnight trip x 5)	\$ 100		
				\$ 10,000
	Total Travel			\$ 12,068
Equipment				
	2 laptop computers with docking station @ \$1,000 each For Performance Improvement Manager and Specialist	\$ 2,000		\$ 2,000
Misc	Operations and Miscellaneous (Supplies, Printing, etc.)			\$ 9,041
Indirect Costs	21% of Salary			\$ 22,651
	Total Component I Budget			\$ 200,000

Kentucky Department for Public Health

Performance Management Implementation

Component I Develop Basic Performance Management Infrastructure

- Create Performance Management Center
 - Workforce Development—Develop/
Provide Training on CQI for state and lo-
cal public health systems.
 - Assessment—MAPP leading to Community
Initiated Decision Making, including un-
derstanding current data and identifying
additional data needs.
 - Develop Strategic Plan for state and as-
sist local health departments in strategic
planning.
 - Continue moving state and local health
departments toward PHAB standards.

Component II Develop Enhanced Performance Management Infrastructure

- Modernization of Systems—beginning with
Data Management System such as Financial, Infor-
mation Management, and Other Systems based on
assessment
- Develop system to incorporate data from
multiple systems into user-friendly information
- Implement Community Initiated Decision
Making based on clinical and financial system data
 - Link public health with the Kentucky Health
Information Exchange. Use system to address
acute and chronic disease prevention planning and
policy and connect public health to other clinical
settings.
 - Continue moving state and local health depart-
ment toward accreditation through PHAB using in-
formation from updated systems.

Chief of Staff
Charles Kendell, MPA
Staff Assistant
Tricia Okeson, MPA

Center of Health Equity
Torrie T. Harris, DrPH

Department for Public Health

William D. Hacker, MD, FAAP, CPE
Commissioner

Deputy Commissioner
Steve Davis, MD

Chief Nursing Officer
Rosie Miklavcic, BSN, MPH
Assistant Director of Nursing
Joy Hoskins, RN, BA

(Proposed)
Center for Performance Management
Manager (Vacant)
Specialist (Vacant)

Division of Maternal and Child Health

**Nutrition Services
Branch**
WIC Program
Clinical Nutrition
Section

**Child and Family
Health
Improvement
Branch**
Pediatric Section
Oral Health Section

**Early Childhood
Development
Branch**
Early Childhood
Promotion Section
Early Intervention
Section
Newborn Screening
Section

Ruth Shepherd,
MD

Division of Women's Health

Adolescent Health
Initiatives Program
Breast and Cervical
Cancer Screening
Program

Breast Cancer
Research and
Education Trust
Fund
Family Planning
Program

Preconception
Health Program
Ovarian Cancer
Awareness

Connie Gayle
White, MD

Division of Prevention and Quality Improvement

**Chronic Disease
Prevention Branch**
Disease
Management
Section

**Public Health
Improvement
Branch**
Quality
Improvement
Section
Worksite Health
Section

**Health Care
Access Branch**
Health Promotion
Branch

Regina
Washington,
DrPH

Division of Epidemiology and Health Planning

HIV/AIDS Branch
Infectious Disease
Branch
TB Control
Immunization
STD
Reportable Disease
(Rob Brawley, MD,
MPH)

**Vital Statistics
Branch**

**Public Health
Preparedness
Branch**

Kraig
Humbaugh, MD,
MPH

Division of Public Health Protection and Safety

Milk Safety Branch
Food Safety
Branch
Retail Food
Manufacturing

**Environmental
Management
Branch**
Facilities
Community

**Radiation Health
Branch**
Machines Section
Radioactive Material
Section
Radiation/
Environmental
Monitoring Section

**Public Safety
Branch**
Swimming Pools
Lead

Guy Delius, RS

Division of Laboratory Services

**Microbiology
Branch**
Virology
Bacteriology
**Molecular and
Clinical Chemistry
Branch**
Newborn Screening

**Global
Preparedness and
Environmental
Branch**
**Business
Operations Branch**

Stephanie
Mayfield, MD

Division of Administration and Financial Management

**Contracts and
Payment Branch**
**Local Health
Operations Branch**
Coding and Billing
Budget Branch
**Local Health
Personnel Branch**
**Education and
Workforce
Development
Branch**

Rosie Miklavcic,
BSN, MPH



DEPARTMENT OF HEALTH & HUMAN SERVICES

Program Support Center
Financial Management Service
Division of Cost Allocation

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August 31, 2007

Mr. Mike Burnside
Undersecretary, Administrative and Fiscal Affairs
Kentucky Cabinet for Health and Family Services
275 E. Main Street, 5W-A
Frankfort, KY 40621

Dear Mr. Burnside:

This is to advise you of the approval of Amendment 05-3 to the Kentucky Cabinet for Health and Family Services Cost Allocation Plan effective July 1, 2006.

In accordance with 45 CFR Part 95 Subpart E, this Approval is continuous until the allocation methods shown in the plan become out dated as a result of organizational changes within your department, legislative or regulatory changes, or a new plan is submitted by you. The regulations require that as a condition of receipt of Federal Financial Participation in administration services (excluding assistance and medical vendor payments and purchased services) and training for any quarterly period, the State's claim for expenditures must be in accordance with the Cost Allocation Plan on file and approved by the Director, Division of Cost Allocation, for that period. Amendments to your plan would be required for any changes indicated above. The sole responsibility for submitting proposed revisions rests with the State.

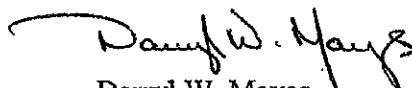
Approval of the Plan Amendment cited above is predicated upon the following conditions (1) that no costs other than those incurred pursuant to the approved State plan are included in claims to Department of Health and Human Services or other Federal Agencies and that such costs are legal obligations, (2) that the same costs that have been treated as indirect costs have not been claimed as direct costs, and (3) that similar types of costs have been accorded consistent treatment.

This approval presumes the existence of an accounting system with internal controls adequate to protect the interests of both the State and Federal Governments. This approval relates to the accounting treatment accorded the costs of your programs only, and nothing contained herein should be construed to approve activities not otherwise authorized by approved program plans, Federal legislation or regulations.

The operation of the Cost Allocation Plan approved by this document may from time to time be reviewed by authorized Federal staff, including the Division of Cost Allocation, operating divisions, DHHS Office of Inspector General for Audit Services, the Department of Agriculture, the Department of Labor, and the General Accounting Office. The disclosure of inequities during such reviews may necessitate changes to the plan.

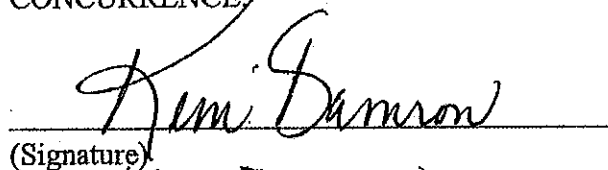
Please sign the original of this letter in the space provided to indicate your concurrence and return it to this office. In doing so, this letter becomes a part of the approved plan. If we may be of further assistance, please contact Christian Poole or me at (202) 401-2763.

Sincerely,



Darryl W. Mayes
Director, Mid-Atlantic Field Office
Division of Cost Allocation

CONCURRENCE:



(Signature)

Kim Damron

(Name)

CFO

(Title)

10.22.07

(Date)

cc: